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S. WARREN NOV 1 4 2017

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Charles Company Company Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John S. Bordelon Name of Person	
Bordelon Law Firm P.C.	
330 Ft Pickers Rd Unit 11-A	
Rensacola Brack, FL 37561  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JOHN S. BOTCLE ION at (\$50) 934-1000  Name of Person Area Code & Daytime Telephone Nu	— mber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: <u>Chabor Compo</u>	ny LC	
2.	(a)	(b)		
			ess of limited liability company:  AY BE POST OFFICE BOX)	
		2721 Gulf Breeze PKWY 27216	WILL DESCRIPTION POUR	1
			MIT ISITE (PIKW	_
		COUH Breeze, FL 32563 GUIF B	16656 LC3570	) (
		January 5 2007 L07000	XXX1559	
3.		Date of filing/registration in Florida 4. Documen	t number	
5.	(a)	John S. Bordelon		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	•	2 12 1 SOLIT ISTOPE PICULI		
		MUIT Breeze FL 32563	orth &	
	(b)	N(A	17 <b>)</b>	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	70 <b>×</b> 0 <b>v</b>	
			13 IL	
		NEW Registered Office Address:	## <b>3</b> 5 ×	
		330 FI PICKEDS RALLINIT 11-A	2: <b>42</b> 5:147E LORID	
	,		₩ <b>2</b>	
	,	itensacula Beach FL 32561		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

John J. Roudelon Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent